TOWN OF NORTH READING APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Name of Camp			
Site Address			
Site Telephone			
Name of Camp Owner			
Office Address			
Telephone Number			_
Name of Camp Operat	tor (if different)		
Address			
Telephone Number			_
Name of Health Care (Consultant		
Telephone Number			_
Type of Camp	Day	Residential	_
Hours of Operation			_
Dates of Operation	Opening	Closing	
Meals Provided	Yes	Food Permit N	umber
Signature of Applican	t		
Official Title		Date	